



**DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services**

**James Randolph Farris, M.D.
Regional Administrator**

1301 Young Street, Room 714
Dallas, Texas 75202
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June 19, 2002

Our Reference: WA-OK0351.90

Mr. Michael Fogarty
Chief Executive Officer
Oklahoma Health Care Authority
4545 North Lincoln Blvd., Suite 124
Oklahoma City, Oklahoma 73105-3413

Dear Mr. Fogarty:

I am pleased to inform you that your request to renew your Medicaid Home and Community-Based Services waiver (HCBSW) No. 0351 has been approved. As authorized by Section 1915 (c) of the Social Security Act, this HCBSW program (In-Home Supports for Children) provides an array of home and community-based services as an alternative to institutionalization in an intermediate care facility for the mentally retarded (ICF/MR). This renewal has been assigned control number 0351.90 which should be used in all future correspondence.

Specifically, you submitted a request to provide respite care, habilitation training specialist, architectural modification, family training, and extended state plan services (assistive technology services, specialized medical supplies).

Based on the assurances and information that you provided, I approve the renewal request cited for a five-year period beginning July 1, 2002.

This approval is subject to your agreement to serve no more individuals than indicated on your Factor "C" in your approved per capita expenditure estimate. The values for Factor "C" include any individuals replaced due to death or loss of eligibility for Medicaid services during the five (5) years of the waiver program.

The following estimates of utilization and cost of waiver services have been approved:

Year	Unduplicated Recipients	Factor "D"
1	325	\$9,037
2	380	\$9,650
3	450	\$10,287
4	525	\$10,871
5	600	\$11,895

For your convenience, a copy of the approved renewal package is included with this correspondence. If you have any questions, please contact Cheryl Rupley at 214-767-6278.

Sincerely,

James Randolph Farris, M.D.
Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations